CLARK COUNTY REZONING APPLICATION

Case No:	
Date Submitted:	
Paid:	-

BETHEL TWP. | GREEN TWP. | HARMONY TWP. | MADISON TWP. | MAD RIVER TWP. | MOOREFIELD TWP.

PLEASE TYPE OR PRINT ALL INFORMATION - USE ADDITIONAL SHEETS AS NECESSARY

Application Checklist							
PART A - APPLICANT INFORM	IATION			BE SUBMITTED WITH A	APPLICATION		
PART B - CONTACT PERSON			FeeMap & Tax Map (<i>Exhibits A-1 & A-2</i>)				
			Legal Description				
PART C - CURRENT STATUS				perty Owners (Exhibit C)			
DADT D. DEZONING DECHES	nr			OTHER AGENCIES (as appli /Utility Department/OEPA			
PART D - REZONING REQUES	1		County Enginee		(Exnibit D)		
				Γ CERTIFICATION			
A. APPLICANT INFORMAT	TION =====						
NOTE: Applicant must be the cur				for rezoning a lessee o	f the property		
requested for rezoning, or an agent							
automatically be rejected if filed by			y Hom the o	wher of lessee. Applie	ation will		
The applicant is: (check as appropriate)	Current proper	rty owner		C 41			
(cneck as appropriate)	Lessee of prop	erty (include	copy of fease	for the property)			
	Agent (Include		Attorney" fron	n owner or lessee)			
Name:					-		
Address:					_		
City/State/Zip:Phone					_		
Phone	Fax		Email				
B. CONTACT PERSON ===							
					. 1' 1		
This is the person to respond to inq				ig the rezoning. If the	applicant noted		
above will serve as agent, type or p							
Name:					_		
Address:							
City/State/Zip:					_		
City/State/Zip:Phone	_ Fax	E1	mail		·		
C. CURRENT STATUS OF I							
Current Owner(s):							
Address:							
City/State/Zip:							
(Complete the fo	llowing as it relates t			or to rezoning)			
Street Address (if available) or loca	ition of property:		***************************************	- Marian			
Permanent Parcel No(s):			Acreage	•			
Permanent Parcel No(s):Township:	Section	Town	Range	or VMS			
Current Use(s)							
					•		
Are buildings or structures on prop	erty? YES NO)					
If YES, describe each - (i.e., single			ilding: garage	: etc.)			
in it is a second of the state	1444411, 1001401100, 00			, (10.)			
					num.		
D. REZONING REQUEST =							
Complete the following as it relates	to the parcel reque	sting to be r	<u>ezoned.</u>				
*Please state on a separate sheet of	paper the rationale for	or the rezonir	ng change in t	he context of the comp	rehensive plan,		
changing character of the area, the	need for the contemp	olated use or	uses, or other	reasons.	•		
	•						
Tax Permanent Parcel No.:		Area to be	rezoned:	acres			
Γax Permanent Parcel No.: Area to be rezoned: acres Rezoning includes all (or part *) of Tax Permanent Parcel Number noted above.							
* If only part of permanent parcel	is to be rezoned, a lo	t division and	d new survey	may be required.			

Request is to <u>rezone</u>	FROM: TO:			(CURRENT Z	,	
FRONTAGE of rezon	ning parcel:	feet DE	PTH of rezor	ning parcel:	feet	
1. <u>FEE -</u> A filing fee, which is not paid, the app	SUBMITTED WITH is non-refundable, mu blication is void. Contact of Clark County Comn	ust be paid before t the Clark Coun	a REZONIN	NG APPLICATION	ON can be accepte	
highlight area to be boundaries. Show site, i.e. creeks, por	Exhibit A" wing property to be rezo e rezoned. Note location existing and/or propose nds, drainage features, h 400'. Regardless of scal	n of existing structed access point(s) igh or low spots,	tures with di to public roa as well as an	stances from lot d. Also, show e y known easeme	lines and/or propo xisting natural fea ents. Map should	osed zoning tures of the be 1" = 100',
Provide a written dentire property is b	OF PROPERTY - Laber description of area to be being rezoned) or an accu ST coincide with area to	rezoned. Must be urate written desc	ription provi	ded by applicant		
Submit names of a	PROPERTY OWNED III property owners, their rezoned. This list must be C".	mailing addresse	es, and Tax P			200' of area
	N WITH OTHER AGI ne following agencies m		and consulted	nrior to submitt	ing a Pezoning A	nnlication
county HEAL agency will evaluate requests, the Ohio application. Label	TH DEPARTMENT, of the either the public utilit EPA will evaluate the public as "Exhibit D". Y ENGINEER or ODO ip roads. State highway	COUNTY UTIL y availability or o roposed developr OT – The County	ITY DEPAH on-site soil su nent. Said an Engineer ev	RTMENT, or O itability. In comalysis shall be in aluates all devel	EPA – The appropriate appropriate and the result of the re	priate ial rezoning izoning n or along
F. APPLICANT C	ERTIFICATION===					
the information provide that any incomplete, m	nis application (including ed by myself and/or my issing or inaccurate info nation upon request prio	agent is true and rmation may caus	correct to the se this applicate	best of my/our lation to be reject	knowledge. I/We ed and that I/We	e understand
Print Name(s)	of Applicant	Signature of	Applicant(s)	* (required)	Date	
Print Name(s)	of Applicant	Signature of	Applicant(s)	(required)	Date	

- Applicant **must be** owner, lessee, or agent as noted in part "A".
- **REMINDER:** Rezoning Applications <u>will not</u> be accepted as officially filed, or be considered for processing, unless or until the appropriate forms have been completed, all information (Attachments/Exhibits) have been submitted, and all fees have been paid in full.